

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001725**

GENERATOR (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility		SFUND RECORDS CTR 999000393	
② Name ALUMINUM CO. OF AMERICA VERNON WORKS		Name OPERATING INDUSTRIES INC		Name CHEMICAL WASTE MANAGEMENT INC.			
EPA NO. CAD074126681		EPA NO. CAD080012024		EPA NO. CA1000646117			
Address 5151 ALCOA AVE Phone No. 588-6141		Address 900 N. POTRERO GRANDE DR.		Address P.O. Box 1104 430 W. Elm Ave			
City, State, Zip VERNON, CA. 90058		City, State, Zip MONTEREY PARK, CA		City, State, Zip COALINGA CA 93210			

⑤ U.S. DOT PROPER SHIPPING NAME		U.S. DOT HAZARD CLASS		UN/NA ID NO.		WEIGHT OR VOLUME		UNITS		CONTAINERS NUMBER:	
WASTE										TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS	
WASTE										<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK	
										<input type="checkbox"/> OTHER	

⑥ WASTE CATEGORY **47 & 48** ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material _____ %			

⑩ WASTE PROPERTIES: pH _____ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **WATER & OIL SLUDGE**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *Osmer Baker* **Owner** **81-05-02**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)		⑮ PICK-UP DATE 5-2-81	
⑭ NAME ASBURY OIL CO.		TIME 2:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
EPA NO. CAD028277036		⑯ <u><i>Jah...</i></u> 5-2-81 Signature of Authorized Agent and Title Date	
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392			
CITY, STATE, ZIP Gardena, California 90249			

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)		⑲ STATE FEE (If Any) 1750	
⑰ NAME OPERATING TSD FAC		⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____	
EPA NO. CA1080012024		⑳ K001392	
PHONE NO. _____		⑳ <u><i>Handwritten Signature</i></u> 5-6-81 Signature of Authorized Agent and Title Date Accepted	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____		⑳ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
⑳ NAME _____			
EPA NO. _____			